

This document is used for individual performance planning at the beginning of the evaluation cycle.

PART I – Position Identification Information						
Employee Name:	Superv	Supervisor Name:				
Agency:			BU:			
Division:		Section/District:				
Job Title:		Job Code:	PCN:			
Working Title (if different from above):						
FLSA Status: Non-Exempt (OT Eligible) Exemp	ot					
Level Indicator: Employee Professional Ma	ınager/Sı	pervisor				
Number of Employees Supervised:						
Supervisor's Job Title:		Job Code:	PCN:			
Date of Plan:	Evaluat	ion Period: From	to			
PART II – PURPOSE OF ORGANIZATION AND POSITION						
Organizational Vision, Mission, and/or Objectives:						
Division/Function/Facility Vision, Mission, and/or Objectives:						
Purpose of Position (How does this position fit into position contribute to the Organization/Division/Facility			cility? What does this			

PART III – PERFORMANCE EXPECTATIONS

Use this section to document specific performance expectations for this individual employee for this evaluation cycle.

Rank Expectations in Order of Importance.

Please identify the most important objectives, assignments, and/or responsibilities that this employee will be evaluated on.

For each expectation:

- Clearly state the desired outcome, task or responsibility
- Define standards for how well, how much and how quickly (or completion date)

Performance Expectation #1:					
Performance Expectation #2:					
Performance Expectation #3:					
Performance Expectation #4:					
Performance Expectation #5:					
Performance Expectation #6:					
PART IV – GENERAL FACTORS					
Use this section to identify all appropriate General Factors based on position needs. General Factors are key behaviors & competencies required to successfully perform the work.					

PART V – EMPLOYEE DEVELOPMENT PLAN					
Education, Experience, Licensure, Certification suggested for career enhancement:					
Personal Learning Goals:					
Developmental Objectives			Developmental Training/Assignments		
(knowledge/skills/abilities needed to reach goals)		(OJT Training/details)	<u> </u>		
	IEW OF JOB S	SPECIFICATIONS/PERFORMANCE PLAN			
Supervisor's Comments:					
Name:	Signature:		Date:		
Reviewer's Comments:					
Nome	C:		Data		
Name:	Signature:		Date:		
Employee's Comments					
Employee's Comments:					
Name:	Signature:		Date:		